

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/567386</div>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5	/		/				55						
6	/		/				56						
7	/		/				57						
8	/		/				58						
9	/		/				59						
10	/		/				60						
11	/		/				61						
12	/		/				62						
13	/		/				63						
14	/		/				64						
15							65						
16							66						
17	/		/				67						
18							68						
19							69						
20	/		/				70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28	/		/				78						
29	/		/				79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	17	↓	14	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	39	←	7	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	76		21				TOTAL CLAIMS						